

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007614

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

206

Primary Registration District No.

3042

Registrar's No.

18

FILED MAR 5 1963

## 1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREDERICKTOWN

Length of stay in 1b

63 days

c. FULL NAME OF (If NOT in hospital, give location)

MADISON Co. Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MADISON

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

FREDERICKTOWN

d. STREET ADDRESS

Route 3

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED (Type or print)

First

JOSEPH

Middle

ELBERT

Last

BOLLINGER

## 4. DATE OF DEATH

Month

FEB

Day

27

Year

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Never

Married

Widowed

Divorced

## 8. DATE OF BIRTH

2-28-1879

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

11

Days

29

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

NONE

## 11. BIRTHPLACE (City and state or country)

SEDGEWICKVILLE, MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

WILLIAM A. BOLLINGER

## 13b. MOTHER'S MAIDEN NAME

NANCY C. DOGGETT

## 14. NAME OF HUSBAND OR WIFE

SARAH C. BOLLINGER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

U

## 17. INFORMANT

SARAH C. BOLLINGER, FREDERICKTOWN, MO.

Address

Route 3

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis

## INTERVAL BETWEEN ONSET AND DEATH

about 4 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Adenocarcinoma of colon

about 4 mo

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

1-1-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-1-63 to 2-27-63 and last saw him alive on 2-26-63

Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Farmington, Mo

## 22c. DATE SIGNED

3-1-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

3-2-1963

## 23c. NAME OF CEMETERY OR CREMATORY

MARCUS MEMORIAL PARK CEM.

## 23d. LOCATION (City, town, or county)

MADISON COUNTY

## (State)

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

3-1-1963

## 26. REGISTRAR'S SIGNATURE

Florence Kicker

SAM NAJIM, JR., FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10621

20620

3

4 0

5 1

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7 0

8 2

9/53.8

10

11

12 1-0

13 1-0

RECEIVED MAR 4 1963

MAR 6 1963

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0000  
0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline  
Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.